**Professional Added Years Award**

**Retained Benefits Declaration Form**

***To be completed by all persons retiring from the University of Limerick seeking an award of added years on retirement under the terms of the Professional Added Years Scheme***

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| **Purpose of this Form**In accordance with section 11 (ii) of the Professional Added Years Scheme, where an employee has a retained superannuation benefit (e.g. a pension and/or lump sum entitlement, or a refund of pension contributions) from any previous employment, the added years award will be abated by the value of the retained benefit, as determined by the Department of Public Expenditure & Reform.  |
| **Accordingly, the University of Limerick requires this Declaration to be made prior to granting an award of Professional Added Years.** |

**Section A. Declaration of Retained Benefits**

1. I declare that:*(please mark one answer only)*
2. I confirm I hold retained superannuation benefits (pension and/or lump sum in payment/future entitlements to same, including any Irish or UK Contributory State Pension Benefits or refund of pension contributions) from previous employment(s) **[Go to Q2].**
3. I confirm I do not hold any retained superannuation benefits (pension and/or lump sum in payment/future entitlements to same, including any Irish or UK Contributory State Pension Benefits or refund of pension contributions) from previous employment(s) [Go to Section B].
4. I declare details of **all retained benefits held** in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer/Paying Authority**  | **Benefit Type** ***(e.g. State Pension, Occupational Pension, Lump Sum Benefit, Buy-out-Bond, Refund etc.)*** | **Value €** | **Date of commencement or Date due to commence**  |
| (A) |  |  |  |
| (B) |  |  |  |
| (C) |  |  |  |
| (D) |  |  |  |
| (E) |  |  |  |

*(Use an additional page if needed)*

**Section B. Declaration**

1. **Important Notes:**
* The University of Limerick reserves the right to seek clarifications or further information on any aspect of information submitted prior to finalising your award of retirement benefits to ensure compliance with relevant legislation/scheme rules.
* Failure to complete this form fully may result in the University of Limerick not being able to process your retirement benefits or lead to delays in processing same.
* All benefits from the pension scheme are governed by the applicable scheme rules as well as any relevant statute/legislation in place at the actual date of the award. **Please ensure that you complete this form fully and with care as otherwise pension benefits may be incorrectly calculated. Any added years will be deemed to be invalidated in the event that incorrect or misleading information is provided to the University of Limerick.** The University accepts no responsibility for any errors or omissions in calculations of awards of added years, in particular where incorrect or misleading information is provided in this declaration.You are advised to review the calculations yourself in accordance with the scheme rules.
1. **Supporting Pension Documentation**

If you have completed Section 2, please provide any supporting documentation as necessary (e.g. PRSI record, benefits statements/correspondence confirming benefits).

1. **Declaration**

I make this declaration in accordance with the requirements of the Professional Added Years Scheme Rules and agree that the information provided by me is correct and accurate.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Block Capitals)**

**Personnel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your fully completed Declaration should be returned to the address below to enable retirement formalities to be progressed:

 **Pensions Section**

**Human Resources Division**

**University of Limerick**

**Limerick**